

Large Animal Drop Off Form

*Please write on the back of the paper if there is not enough room in the space provided.

Client Name _____

Phone Number where you can be reached today _____

1. Pet Name: _____ Equine / Bovine / Camelid
Male / Female _____ Neutered/ Spayed _____
Age: _____

2. Presenting complaint _____

3. Diet: _____

4. Off Feed Y / N How Long? _____

5. Drinking Y / N If not, how long? _____

6. Any recent changes in feed? Y / N What changes? _____

7. Does your pet have any of the following?

Diarrhea Y / N When did it start? _____ Is there Blood or Mucus Y / N
How often? _____ Consistency _____ Straining? Y / N

Coughing Y / N When did it start? _____ How often? _____

Runny Nose Y / N How long? _____

Nasal Discharge Y / N How long? _____

Straining to Urinate Y / N How long? _____

Lameness Y / N How long? _____ Which Leg? _____
Stiffness Does it lessen with exercise Y / N

Behavior Changes Y / N Confusion _____ Less interaction _____ Other _____

Weight Loss Y / N When did it start? _____ How much? _____

Abdominal Pain Y / N Describe _____

8. Is the animal up to date on vaccinations? Y / N Has the animal been dewormed? Y / N

9. Any other animals on the property? Y / N Do they have any similar symptoms? Y / N

10. If additional test are necessary, do we have permission to perform

X-rays: \$84.40 Y / N

Bloodwork: \$50-100 Y / N

Would you like us to call you first? Y / N

Signature _____ Date _____